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CONFIRMATION NO. 2107

<b>SERIAL NUMBER</b> 10/687,386	<b>FILING OR 371(c) DATE</b> 10/15/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> A03P1070
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**APPLICANTS**

J. Christopher Moulder, Encino, CA;  
 Gabriel A. Mouchawar, Valencia, CA;  
 Steven W. Badelt, Granada Hills, CA;  
 Mark W. Kroll, Simi Valley, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

None DM

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None DM

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

01/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>omalamud</i> Examiner's Signature Initials				

**ADDRESS**

36802

**TITLE**

Implantable cardiac stimulation device including an output circuit that provides arbitrarily shaped defibrillation waveforms

<b>FILING FEE RECEIVED</b> 878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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